

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☐ check if different than previously reported

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

ARLINGTON

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

(b) Communication Title How Many

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non Qualified Corp

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Marjorie Dannenfelser

(b) Address (number and street)

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List

(e) Occupation

President

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

22404.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 10/22/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Emily Buchanan		
	(b) Address (number and street)		
	1800 NORTH KENT ST STE 1070		
	(c) City, State and Zip Code		
	Arlington	VA	22209
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Susan B. Anthony List		Executive Director

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Design4 Advertising				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8</div> </div>	
Mailing Address of Payee 106 N Collins St				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22404.50</div>	
City State Zip Code Plant City FL 33563		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8</div> </div>			
Name of Employer Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) How Many Ad Production and Placement					
Name of Federal Candidate Al Franken		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: MN District: _____ Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000003					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">22404.50</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">22404.50</div>	